

EDITORIAL

Foreword

*Michal Alberstein, Nadav Davidovitch & Shelly Kamin-Friedman**

The healthcare arena is filled with conflicts. Conflicts exist between healthcare providers and healthcare consumers, among different health professions, and between groups or individuals who belong to the same profession. A legal dispute can emerge following a medical error, a non-consensual treatment, enforcement of vaccination or following an unpleasant encounter on a hospital's premises. In each of these cases, doctors and nurses may find themselves accused, patients may suffer from re-trauma, lawyers and doctors may engage in various modes of negotiation and litigation and high costs may result for all sides.

Addressing these conflicts through the legal system (regulation or litigation) is apparently suboptimal. For example, medical malpractice litigation has a negative effect on the patient-physician relationship and causes high financial burdens, while it does not promote quality of care. Moreover, patients whose injury has been a result of negligence occasionally refrain from suing, while patients who do choose to litigate are not always fairly compensated. Public health regulations (i.e., banning smoking in public areas, pollution standards or mandatory vaccination) infringe individual autonomy and are not always compatible with community values.

Resolving disputes in health through non-legal measures (ADR, alternative dispute resolution) such as negotiation or mediation, or advanced conflict resolution tools such as restorative justice may be more compatible with the special characteristics of the field and lead to more desirable outcomes. In clinical medicine, ADR may promote patient-physician communication, build trust and diminish negative effects of exhausting litigation or defensive medicine. In public health, addressing conflicts through negotiation or mediation may enable discussion of emotional, social and financial aspects (as opposed to focusing on the medical aspects only). Addressing the diverse implications of a public health intervention will promote collaboration and effectiveness of the decisions jointly accepted.

This issue seeks to examine the integration of conflict resolution into various healthcare disputes, as well as the integration of underlying theories of conflict

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resolution and public health into a contemporary perception of law and medicine. The papers highlight the special characteristics of healthcare conflicts, the relevance of these characteristics in conflict engagement practices, as well as possible obstacles.

Shelly Kamin-Friedman analyzes the relationship between vaccine injury compensation and the promotion of trust in the healthcare system. In an in-depth qualitative study, involving interviews with a wide variety of stakeholders, as well as content analysis of decisions, she examines whether the Israeli Vaccination Victim Insurance Law and subsequent court decisions promote trust and attain their therapeutic potential.

Nili Karako-Eyal focuses on the role of apology in addressing wrongs resulting from medical errors. She analyzes a high-profile decision handed by the Israeli Supreme Court, which recognized a duty to inform ringworm patients about the medical error involved in their treatment and its results. The paper seeks to examine whether this decision promoted a collective healing process, and if so, to what extent.

Adi Niv-Yagoda focuses on conflicts occurring between doctors and governmental ministries and the complex dynamics that lead to recurrent manifestations of conflict in Israel's healthcare system. He analyzes the history of such conflict and proposes paths to facilitate resolution of similar disputes in the future.

Andrea Schneider and Rachel Gur-Arie explore conflicts related to authorship of research articles, the publication of which is a feature of career success in many health science fields. The tools presented in the article can be used to increase the likelihood of a successful negotiation and to promote ethical issues related to authorship.

Michal Alberstein and Nadav Davidovitch probe the intersection between law and medicine, and the systematic transformations that have characterized these fields over the past century. The paper examines the co-emergence of reform movements in both fields (i.e., ADR and new public health), and possible mutual enrichment between them, developing a conflict resolution perspective of public health.

Altogether all papers cover different aspects of conflicts in health and ways to deal with them. This collection is aimed to a diverse audience: ranging from legal scholars, medical and public health practitioners, to social scientists and bioethicists. We hope it will open an interdisciplinary discussion on how health-related conflicts should be analyzed and dealt with, bringing both theoretical and practical perspectives from a range of scholars, using a variety of case studies.

Sincerely,

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